

**[BUSINESS NAME]**

[Street Address]  
[City, State, Zip]  
[Phone Number]  
[Email/Website]

**INVOICE**

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Due Date: \_\_\_\_\_

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**BILL TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SERVICE LOCATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Sanitization Services	Area/Sq Ft	Rate	Amount
[Service Name/Chemical Used]	_____	_____	\$ _____
[Service Name/Chemical Used]	_____	_____	\$ _____

**Description of Sanitization Services**

**Area/Sq Ft**

**Rate**

**Amount**

[Additional Labor/Equipment]

\_\_\_\_\_

\_\_\_\_\_

\$

\_\_\_\_\_

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

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**Total Due: \$ \_\_\_\_\_**

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**Payment Terms:** Net [30] Days. Please make checks payable to [Business Name].

**Notes:** All chemicals used are EPA-registered for efficacy against [Pathogens/Viruses]. Area cleared for re-entry at:

\_\_\_\_\_